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AUG 1 2 2005

In re: Application of:

Group Art Unit: 3723

Applicant:

Adam Oser

Examiner: Wilson, Lee D.

Serial No.:

10/736,430

Atty. Docket: 132993-2 (418)

Filed:

12/15/2003

Title:

FUEL INJECTOR REMOVAL TOOL

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

### CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being transmitted by facsimile transmission to the US Patent & Trademark Office fax number 571-273-8300 on the date shown below:

Response under 37 CFR 1.111 (11 pages)

Fee Transmittal Form (1 page)

David G. Maire (Reg. No. 34,865)

Date

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390 North Orange Ave., Suite 2500

Orlando, FL 32801

Telephone: 407-926-7704

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PTO/SB/17 (12-04)
Approved for use through 07/31/2006. QMB 0651-0032

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Signature	2 201	7. Mare	Registration No. 34,86	55	Telephone	407-926-7704	
	David C Mai-		(Attornay/Agent) -34,01	~	<del> </del>		'
	David G. Mair		s required to obtain or fetain a			2-2005	

This collection of information is required by 37 CFR 1.136. The information is required to option or retain a penefit by the public which is to file (and by the USPTO to process) an application. Confidenciating is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is assumated to take 30 minutes to complete. Including gathering, preparing, and submitting the complete application from to time USPTO. Time will vary depending upon the individual case. Any commentation on the amount of time you require to complete this form applies to regionally an interest of time you require to complete this form applies that feducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO This Address. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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T-511 P.02

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PTO/8B/17 (12-04)
Approved for upo through 07/31/2006. OMB 0651-0032

u S. Pateni and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Rethirdton <u>Act of 1895, no papiens are reduined to reading to a collection of information unless it disdiscs a valid CMR control number</u> Complete if Known Effective On 12/08/2004 Foes pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). 10/736,430 Application Number 12-15-2003 Filing Date For FY 2005 Adam Oser First Named Inventor Examiner Name Wilson, Lee D. Applicant claims small entity status. See 37 CFR 1 27 3723 Art Unit 800.00 (\$) 132993-2 (418) TOTAL AMOUNT OF PAYMENT Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order Other (please identity): None **Рерози Ассоции Name** General Electric Company ✓ Deposit Account Deposit Account Number: 07-0846 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES** FILING FEES **SEARCH FEES** Small Entity Small Entity Small Entity Fee (\$) Fee (\$) Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (5) 300 200 Utility 150 500 250 100 Design 100 100 50 130 65 200 300 Plant 100 150 160 80 300 600 150 500 250 300 Reissue Provisional 200 100 Û ٥ 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee Description Fee (\$) 50 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 Each independent claim over 3 or, for Roissues, each independent claim more than in the original patent 200 100 180 Multiple dependent claims Multiple Dependent Claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) - 20 or mP = Fee (\$) Fee Paid (5) HP = highest number of total claims paid for, if greater than 20 Fee (\$) 200 Extra Claims Fco Paid (\$) 800 -3 or nP = HP - nignest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Extra Shoots Fee (\$) Fco.Paid (\$) Total Sheets - 100 = / 50 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: SUBMITTED BY Registration No. 34,865 Signature Telephone 407-926-7704 Date 8-12-2005 David G. Maire Name (Pnnt/Type)

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### RESPONSE UNDER 37 CFR 1.111

#### INTRODUCTORY COMMENTS

This paper is in response to the Office Communication mailed 07/11/2005.